# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-028283
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 208

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0928
2 0928
3 2
4 1
5 1
6
7 0
8 2
9 420.1
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12 1-0
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

FILED AUG 8 1962

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. CHARLES
Length of stay in 1b: 4 YRS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. JOSEPH'S HOSP.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: ST. CHARLES
c. CITY OR TOWN: ST. CHARLES
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 512 S. BENTON
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: RUTH Middle: ~~AND~~ SMITH Last: FEAGANS

4. DATE OF DEATH: Month: JULY Day: 26 Year: 1962

5. SEX: F.

6. COLOR OR RACE: W.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-27-97

9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER

10b. KIND OF BUSINESS OR INDUSTRY: EDUCATION

11. BIRTHPLACE (City and state or country): CORNING, MO

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: WILLIAM G. MAIER

13b. MOTHER'S MAIDEN NAME: NORA SMITH

14. NAME OF HUSBAND OR WIFE: DANE M. FEAGANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: DANE M. FEAGANS Address: St. Charles Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f...
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Coronary Artery Disease 2 YRS
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 2 HRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 27, 1960 to 7/26/62 and last saw her/him alive on 7/26/62
Death occurred at 4:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul H. Lotter MD

22b. ADDRESS: St. Charles, Mo

22c. DATE SIGNED: 7/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 28 July 1962

23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY

23d. LOCATION (City, town, or county) (State): ST. CHARLES MO.

24. FUNERAL DIRECTOR ADDRESS: PRINSTER-BAUE F. H. INC. ST. CHARLES, MO

25. DATE RECD. BY LOCAL REG.: 7-28-62

26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Frederic M. Baue

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.